

4. _____ (_____) _____
DESIGNATED CONTACT PERSON TELEPHONE NUMBER
- _____
- JOB TITLE / POSITION
5. _____
PERSONAL ADDRESS OF CONTACT PERSON CITY STATE ZIP CODE
6. Names of organizations, programs or promotions, aliases, assumed names, and/or fictitious name(s) for your operation under which you intend to solicit contributions:
- (a) _____
- (b) _____
- (c) _____
7. Other name(s), alias(es), assumed name(s), and/or fictitious name(s) by which you have ever been known:
- (a) _____
- (b) _____
- (c) _____
8. Have you ever had your registration or renewal denied, suspended, revoked, or enjoined by any governmental authority or any court? ☐ No ☐ Yes If so, explain in detail and attach a copy of any such judgment, notice or order:
- _____
- _____
9. Have you ever been sued for fund-raising-related activities? ☐ No ☐ Yes If so, explain in detail and attach a copy of any such judgment, notice, and/or order for such occurrence:
- _____
- _____
10. Have you ever entered into or been subject to any assurance of voluntary compliance, cease and desist order, or private settlement with a government authority? ☐ No ☐ Yes If so, explain in detail and attach a copy of any such document:
- _____
- _____
11. Have you (if you are an individual) ever been charged, arrested, and/or convicted of a crime other than a simple traffic violation? ☐ No ☐ Yes If so, state the charge(s), the state(s) involved, and, if convicted, attach a copy of each relevant judgment or court order:
- _____
- _____
12. Have any officers, directors, partners, managers, or supervisors ever been sued for fund-raising-related activities? ☐ No ☐ Yes If so, explain in detail and attach copies of the lawsuit, judgment, decree, and/or court order for each such occurrence:
- _____
- _____
13. Have any officers, directors, partners, managers, or supervisors ever entered into or been subject to any assurance of voluntary compliance, cease and desist order, or other private settlement with any governmental authority? ☐ No ☐ Yes If so, explain in detail and attach a copy of any such document:
- _____
- _____

14. Have any officers, directors, partners, managers, or supervisors ever been charged, arrested, and/or convicted of a crime other than a simple traffic violation? ☐ No ☐ Yes If so, state the charge(s), state(s) involved and, if convicted, attach a copy of each relevant judgment and/or court order:

15. In what other states have you acted as a paid solicitor?

16. Specify the type of solicitation and/or fund-raising in which you intend to engage in the State of Arkansas:

- | | | |
|--|---|---|
| <input type="checkbox"/> Telephone appeals | <input type="checkbox"/> Sale of goods or services | <input type="checkbox"/> Combined appeals |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Auctions | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Door-to-door solicitations | |

17. If your organization will be soliciting donations via the Internet, please provide your Web site:

18. List the charitable organizations for whom you will be conducting fund-raising activities:

19. Is the registrant a corporation or other entity (not an individual)? ? No ? Yes If so, provide the following information:

a. Name of corporation/entity

b. State in which registrant is incorporated and/or organized

c. Address - principal place of business

d. Telephone number - principal place of business (include area code)

20. State the names, addresses, and telephone numbers of all persons (including individuals, organizations, trusts, foundations, associations, partnerships, and/or corporations) who own a ten percent (10%) or greater interest in the registrant (attach additional sheets if necessary):

(a) _____
Name

Address

Telephone number

(b) _____
Name

Address

Telephone number

(c) _____
Name

Address

Telephone number

(d) _____
Name

Address

Telephone number

21. Provide a detailed description of any other business related to fund-raising activities conducted by the registrant or any person who owns ten percent (10%) or more interest:

22. Provide the name(s), Social Security number(s), residence street address(es), mailing address(es) if different, and residence telephone number(s) of all officers, directors, partners, managers, and supervisors of the paid solicitor (attach additional sheets if necessary):

(a)

Name	Title	Social Security Number		
		()		
Address	City	State	Zip Code	Telephone Number

(b)

Name	Title	Social Security Number		
		()		
Address	City	State	Zip Code	Telephone Number

23. Provide the name(s), Social Security number(s), residence(s), street address(es), mailing address(es) if different and telephone number(s) of all employees and agents who are actively involved in fund-raising or related activities (attach additional sheets if necessary):

(a)

Name	Title	Social Security Number		
		()		
Address	City	State	Zip Code	Telephone Number

(b)

Name	Title	Social Security Number		
		()		
Address	City	State	Zip Code	Telephone Number

24. If you are utilizing professional telemarketers, provide the following information:

(a) Name(s) of professional telemarketer(s)

(b) Address(es) and telephone number(s)

25. Describe contractual relationship with professional telemarketer(s), including compensation arrangements:

■ **THE INFORMATION REQUESTED IN NUMBERS 22 AND 23 ABOVE MUST BE KEPT CURRENT. PLEASE BE SURE TO ATTACH ADDITIONAL PAGES WHEN NECESSARY TO PROPERLY AND COMPLETELY RESPOND TO ALL QUESTIONS.**

- *File a financial report for each solicitation campaign with the Attorney General no more than ninety (90) days after a solicitation campaign has been completed and on the anniversary of the commencement of any solicitation campaign lasting more than one (1) year.*

I swear and/or affirm under penalty of law that the representations made in this application are true and accurate.

Name of Paid Solicitor

By:

(Signature)

(Printed Signature)

(Title/Official Position)

Date Signed

NOTARY

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day of _____, 200____.

Signature of Notary Public

Printed Signature

My Commission Expires:

____/____/____